

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

60

| | |
|----------------------|---------------------|
| Application Number | 09/456,249 |
| Filing Date | 12/07/99 |
| First Named Inventor | Darryl Rubin et al. |
| Group Art Unit | 2776 |
| Examiner Name | TBA |

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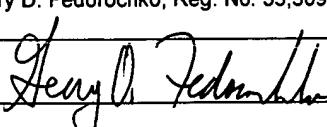
OCT 28 2002
Technology Center 2100

ENCLOSURES (check all that apply)

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | one related application, 09/556,865 |
| <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | Gary D. Fedorochko, Reg. No. 35,509 |
| Signature |  |
| Date | October 25, 2002 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: _____

| | | |
|-----------------------|------|--|
| Typed or printed name | | |
| Signature | Date | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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FEE TRANSMITTAL FORM

for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0

| Complete If Known | |
|----------------------|---------------------|
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| Examiner Name | TBA |
| Group / Art Unit | 2776 |
| Attorney Docket No. | 003797.85089 |

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OCT 28 2002

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

Deposit Account:

Deposit Account Number
19-0733

Deposit Account Name
Banner & Witcoff, Ltd.

The Commissioner is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Description | Fee Paid |
|--------------|--------------|-----------------|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) |
| 101 | 740 | 201 | 370 |
| 106 | 330 | 206 | 165 |
| 107 | 510 | 207 | 255 |
| 108 | 740 | 208 | 370 |
| 114 | 160 | 214 | 80 |

SUBTOTAL (1) (\$) 0

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| | ** = 0 | X 0 | = 0 |
| Independent Claims | ** = 0 | X 0 | = 0 |
| Multiple Dependent | | X 0 | = 0 |

3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|--------------|--------------|-----------------|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) |
| 103 | 18 | 203 | 9 |
| 102 | 84 | 202 | 42 |
| 104 | 280 | 204 | 140 |
| 109 | 84 | 209 | 42 |
| 110 | 18 | 210 | 9 |

SUBTOTAL (2) (\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

| Large Entity | Small Entity | Fee Description | Fee Paid |
|--------------|--------------|-----------------|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) |
| 105 | 130 | 205 | 65 |
| 127 | 50 | 227 | 25 |
| 139 | 130 | 139 | 130 |
| 147 | 2,520 | 147 | 2,520 |
| 112 | 920* | 112 | 920* |
| 113 | 1,840* | 113 | 1,840* |
| 115 | 110 | 215 | 55 |
| 116 | 400 | 216 | 200 |
| 117 | 920 | 217 | 460 |
| 118 | 1,440 | 218 | 720 |
| 128 | 1,960 | 228 | 980 |
| 119 | 320 | 219 | 160 |
| 120 | 320 | 220 | 160 |
| 121 | 280 | 221 | 140 |
| 138 | 1,510 | 138 | 1,510 |
| 140 | 110 | 240 | 55 |
| 141 | 1,280 | 241 | 640 |
| 142 | 1,280 | 242 | 640 |
| 143 | 460 | 243 | 230 |
| 144 | 620 | 244 | 310 |
| 122 | 130 | 122 | 130 |
| 123 | 50 | 123 | 50 |
| 126 | 180 | 126 | 180 |
| 581 | 40 | 581 | 40 |
| 146 | 740 | 246 | 370 |
| 149 | 740 | 249 | 370 |
| 179 | 740 | 279 | 370 |
| 169 | 900 | 169 | 900 |

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0

SUBMITTED BY

| Complete (if applicable) | | | | | |
|--------------------------|---------------------------|----------------------------------|--------|-----------|------------------|
| Name (Print/Type) | Gary D. Fedorochko | Registration No. Attorney/Agent) | 35,509 | Telephone | (202) 508-9223 |
| Signature | <i>Gary D. Fedorochko</i> | | | Date | October 25, 2002 |

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